

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 NOV 17 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 14 99 000 000-9K

1. Limited Liability Company's Name

MIAMI RETAIL PARTNERS LLC

REINSTATEMENT 2000

2. Principal Office Address

40 MILLENNIUM PARTNERS
1995 BROADWAY

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10023

Country

USA

3. Mailing Office Address

40 MILLENNIUM PARTNERS
1995 BROADWAY

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10023

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

6-18-99

6. FEI Number

13-4065242

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

800003478948--9

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

-11/28/00--01097-013

****155.00 ****155.00

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Patrick A. Nolan

REGISTERED AGENT MUST SIGN

Patrick A. Nolan
Assistant Secretary

Date

11/17/00

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

VP: ES WIERZEL

40 MILLENNIUM PARTNERS
1995 BROADWAY

New York, NY, 10023

11/17/00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

ES WIERZEL

Date 11-9-00

Daytime Phone # (212) 875-4900

Typed or printed name of signing Managing Member/Manager

ES WIERZEL

CR33041 (9/99)